

AFC LICENSING RECORD CLEARANCE REQUEST

There are two purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Central Files check against current or previous license status of the person being cleared.

The existence of a conviction record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff to determine the good moral character and suitability of the person being cleared. MCL 400.713 (3)(c)(e); Rule 400.1404 (3)(a)(b)(5); 400.14201 (9)(a)(10).

A failure on the part of an applicant to provide BCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY:	1973 PA 116 and 1979 PA 218	Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION	Required	
CONSEQUENCE:	Licensure may be denied.	

AFC LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM:

- Please read the reverse side before completing this form.
- Please type or print CLEARLY so that the information completed can be read.
- Mail completed form to BCAL Central office.

SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultant/worker)

Licensing Consultant/Worker Name, Address and Phone Number <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2nd Fl. P.O. Box 30650 Lansing, MI 48909-8150 </div>			
Licensee/Applicant Name	Name of Facility	County	License Number (If assigned)
License/Application Type (check all that apply): <input type="checkbox"/> AFC Group Home <input type="checkbox"/> Individual <input type="checkbox"/> AFC Family Home <input type="checkbox"/> Corporate			

SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326A)

The Person Being Cleared Is: <input type="checkbox"/> Applicant/Co-Applicant <input type="checkbox"/> Licensee/Licensee Designee <input type="checkbox"/> Administrator (Responsible for daily operation of group home) <input type="checkbox"/> Responsible Person (AFC Family Homes Only) <input type="checkbox"/> Adult Member of Household (specify relationship to licensee):							
Name (Last, First, Middle Jr., II, etc.)				Sex	Birth Date	Social Security Number	
Marital Status <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV		Also Known As (Aliases, Maiden Name, Previous Married Name(s))				Michigan Drivers License Number	
Address (Street Number and Name)					How Long Have You Lived In This State?	County?	Race
City	County	State	Zip Code	Phone Number	Height	Weight	
<ul style="list-style-type: none"> I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute. I understand that I am also an employee of an AFC facility the licensee must complete a background check on me, including fingerprinting, in addition to this clearance. MCL 400.734b. I certify that the information I have given on the form is, to the best of my ability, true and correct. The Department may perform this check at any time while I am licensed. 							
Have You Ever Been Convicted Of A Crime, Felony Or Misdemeanor? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location, and Date of Conviction(s)							
Signature Of Person To Be Cleared						Date	

SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)

SECTION IV: CONVICTION CLEARANCE

PREVIOUS LICENSE?	INITIALS	CLEARANCE DATE	
<input type="checkbox"/> NO <input type="checkbox"/> YES			
LICENSE NUMBER			
IS MICHIGAN PUBLIC SEX OFFENDER REGISTRY (PSOR) INFORMATION ON FILE?		INITIALS/CLEARANCE DATE	
<input type="checkbox"/> NO <input type="checkbox"/> YES			